

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/7/83 560

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5			1		1	
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
11				1		1
12				1		1
13				1		1
14				1		1
15				1		1
16				1		1
17				1		1
18				1		1
19				1		1
20				1		1
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26				1		1
27				1		1
28				1		1
29				1		1
30				1		1
31				1		1
32				1		1
33				1		1
34				1		1
35				1		1
36				1		1
37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42				1		1
43				1		1
44				1		1
45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.	1		1		1	
TOTAL DEP.		15		10		11
TOTAL CLAIMS	1	15	1	10	1	11

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
52												
53												
54												
55												
56												
57												
58												
59												
60												
61												
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL IND.	1		1		1		1		1		1	
TOTAL DEP.		1		1		1		1		1		1
TOTAL CLAIMS	1	1	1	1	1	1	1	1	1	1	1	1